MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09801 478

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51							
2		/					52							
3		/					53							
4		/					54							
5		/					55							
6		/					56							
7		/					57							
8		/					58							
9	/						59							
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12		/					62							
13		/					63							
14		/					64							
15		/					65							
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17	/						67							
18		/					68							
19		/					69							
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41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	3						TOTAL IND.							
TOTAL DEP.	22						TOTAL DEP.							
TOTAL CLAIMS	25						TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS